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PTC/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

NOV 1 0 2008

Complete if Known				
Application Number	10/537,749			
Filing Date	June 6, 2005			
First Named Inventor	Terry Wayne Lockridge			
Examiner Name	Junior O Mendoza			
Art Unit	2623	-		
Attomory Docket No.	PU020489			

TOTAL AMOUNT O	F PAYMENT	(\$) 1,62	20	Attomey Docket No	. PU020489				
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
	ee(s) indicated				e(s) indicated	below, excep	ot for the filing fee		
	ny additional f 37 CFR 1.16		derpayments o		overpaymen	ts			
WARNING: information	on this form ma	y become pu	blic. Credit card in	formation should no	ot be included or	this form. Provi	de credit card		
information and author	rization on PTO-2	038.							
FEE CALCULATION									
1. BASIC FILING, SE					=				
	FILING FEE St	:S nall Entity	SEARC	CH FEES Small Entity	EXAMINA	ATION FEES Small E	ntity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES					Small E	<u>Entity</u>		
Fee Description					<u>Fe</u>	ee (\$)	Fee (\$)		
Each claim over 20 (incl					50		25		
Each independent claim Multiple dependent claim	, -	Reissues)			20 ¹ 36 ¹		100 180		
Total Claims		Claims	Fee (\$)	Fee Paid (\$)		ultiple Depende			
	or HP =		×=			e (\$)	Fee Paid (\$)		
HP = highest number of	total claims paid fo	or, if greater th	nan 20.						
Independent Claims	Extra	Claims	Fee (\$)	Fee Paid (\$)					
	or HP =		× =		•				
HP = highest number of	independent claim	s paid for, if g	reater than 3.						
3. APPLICATION SIZ	E FEE								
If the specification and	-				•	•			
listings under 37 CFR sheets or fraction the					itity) for each ac	dditional 50			
Total Sheets	Extra Shee	ts N	umber of each a	dditional 50 or fra	ction thereof	<u>Fee (\$)</u>	Fee Paid (\$)		
100 =		/ 50 =	(roun	d up to a whole nu	mber) x		=		
							_		
4. OTHER FEE(S)							Fees Paid (\$)		
Petition to revive an u	nintentionally al	oandoned ap	oplication				1,620		

SUBMITTED BY								
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727			
Signature	Viren 9	L)			Date: 11/06/08			

This collection of information is required by 37 CFR 1.130. The information is equired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pattent and Indomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrix, V.A. 22313-1450, DO NOT SEND TECS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NOT SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NOT SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1450, Alexandrix, V.A. 22313-1450, Ibo NoT SEND TO: Commissioner for patents, P.O. Box 1

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METHOD OF PAYMENT (check all that appl	y)					
☐ Check ☐ Cre Customer Number 24		Money	Order	None	Other (ple	ase identify):	
✓ Deposit AccounFor the above-ide✓ Charge fee	ntified deposit	account, t		Deposit Account Ny authorized to: (che	ck all that appl		vGLLC t for the filing fee
Charge an fee(s) under 3	y additional 1 37 CFR 1.16	ee(s) or and 1.17		f 🖾 Credit any	overpayment	s	-
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FEE CALCULATION	· · · · ·						
1. BASIC FILING, SE	FILING FEI		SEARC	CH FEES Small Entity	EXAMINA	TION FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES					Small E	ntity
Fee Description					<u>Fe</u>	e (\$)	Fee (\$)
Each claim over 20 (inclu	ding Reissues)				50	`	25
Each independent claim of	over 3 (including	Reissues)			200)	100
Multiple dependent claims					360		180
Total Claims		a Claims	Fee (\$)	Fee Paid (\$)	· · · · · · · · · · · · · · · · · · ·	Itiple Depende	
- 20 c HP = highest number of to	or HP = otal claims paid f	or, if greate	rthan 20.		<u>Fe</u>	e (\$)	Fee Paid (\$)
Independent Claims	Extra	a Claims	Fee (\$)	Fee Paid (\$)			-
- 3 o	r HP = ndependent clain	ns paid for,	x = = = = = = = = = = = = = = = = = = =				
3. APPLICATION SIZE	E FEE	•					
If the specification and	drawings exce	ed 100 sl	neets of paper (excl	uding electronically	filed sequence	or computer	•
listings under 37 CFR sheets or fraction there					ity) for each ad	ditional 50	
Total Sheets	Extra Shee	<u>ts</u> .	Number of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(rour	nd up to a whole nur	nber) x		_ =
4. OTHER FEE(S)							Fees Paid (\$)
Petition to revive an ur	nintentionally a	bandoned	application				1,620
···							

SUBMITTED BY						
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727	
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